TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUL AL DIRECTOR: After this certificate has been signed by the ettending physician and completed and the function of the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

	01149	IL KESE	CERTI	FICATI	OF DEAT	H STREET,	BALIIM	ORE 1, 1	() 1	13	
1.	PLACE OF DEATH a. COUNTY SOMERSE T		MAR	YLAND	a. STATE MAR	ICE (Where decea	sed lived, If b. COUN	ITY		e before	
	b. CITY OR TOWN (if outside corporate lim write RURAL and give nearest town) RISFIELD		c. LENGTH OF ST		CR I	(If outside corporation $SFIELD$	e limits, write	RURAL end	d give no	earest tov	wn)
-	d. NAME OF HOSPITAL OR INSTITUTION (EDW. W. MCCREADY				d. STREET ADDRESS	2.6	AVEN	JE		ON	A FARM?
3.	NAME OF First DECEASED (Type or print)		Middle		ADAMS	4. DATE OF DEATH	Month ANUAF		Day 29	Yea 19	62
	FEMALE 6. COLOR OR RACE	7. MARRIE			ov. 14, 18'	9. A	GE (In years st birthday) 2 yrs.	IF UNDER 1		Hours	Min.
L	Da. USUAL OCCUPATION (Give kind of word one during most of working life, even if retire Housewife I. FATHER'S NAME	d)	Home	OR INDUSTRY	11. BIRTHPLACE (Cou	inty & State, or fore	eign country)	12. CIT		SA	COUNTRY?
	REVEL T. LEV		SOCIAL SECURITY I		AN	NA COL	LINS Address				
0	(If yes give we ror detectors NO 18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)	cause per l	200	(c).]	DE ADAMS		SFIEI	D, I	INTE	YLA RVAL BE SET AND	TWEEN
	Conditions, if any, which (b) Obstructino lesion, large lawel									?	-
_	(e), steting the underlying DUE TO cause last. (c)	C.			a don		10171011011			5	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDI							EN IN PAKI	YI YI	PERF	NO
1 -					Enter neture of injury in						
MEDICAL	20c. TIME OF INJURY Month, Dey, Ye Hour e.m.	2Dd. While et wor			OF INJURY (Home, far y, street, office bldg., et		town)	(Cou	nty)		(Stete)
	21. I certify that (I) (this hospi	al) atten 9-62	ded the decease	ed from and that o	leath occured at	1945 AM 1. M, from the	-29-6	32, 19. and on t	, th he dat	at (1) e state	(we) last d above;
	220. SIGNATURE CORR CA	we	ey.	M.D			STAFF PHYS.			221	SIGNED
			Y, M.D.			ISFIEL					
	REMOVAL (Specify) REMOVAL (Specify) BUTIAL Feb. 1	1962	Sunnyrid		etery		ield,	Md.			itete)
24	FUNERAL DIRECTOR'S SIGNATURE Bradshaw &	Sons	Crisfie	ld, Md	25a. RE DATE	C'D BY REGISTRA		lithun &			

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MARYLAND STATE DEPARTMENT OF HEALTH

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VS A15 (4) 15M 9/55

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01143	CERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH S. COUNTY SOMER SET	II - CTATES	eceased lived. If institution: Residence before admission) ND b. COUNTY 6 MERSET
b. CITY OR TOWN (If autside carporate limits, write c. RURAL and give nearest tawn)	LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside	carporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION AT HOME	- 111	RECK ROAD C. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print)	Middle BEAuchtam Po	ATE Month Day Year PEATH JAN 7 1962
5. SEX 6. COLOR OR RACE 7. MARRIED WHITE WIDOWED	□ NEVER MARRIED □ 8. DATE OF BIRTH Z DIVORCED □ JAN 4-1872	9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DOF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or for ETIRES MARYLA	eign country) 12. CITIZEN OF WHAT COUNTRY? 9 ND 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME LORGINZO NE	LSON HARRIGT	T LAWSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	TIAL SECURITY NO. 17. INFORMANT MRS MILFORD 7	HORNTON CRISFIELD -MA
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last. (c)	terroplerate teart	Deslace INTERVAL BETWEEN ONSET AND DEATH OSCIETOSIS 3 yrs.
ICATIO		DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 19.
	E HOW INJURY OCCURRED. (Enter nature of injury in Part I	grantitoritem to.j
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Haur a. ft. 19 White at wark	RY OCCURRED Not while of wark 20e. PLACE OF INJURY (Hame, farm, 20)	f. (City or town) (Caunty) (State)
21. I certify that I attended the deceased alive on 6, 1967 ACTUAL SIGNATURE & arch M. Per PHYSICIAN'S Sarah M.	, and that death occurred at 5 Ni M,	fram the causes and an the date stated above. ESS (Street, city ar town, state) DATE SIGNED ATE SIGNED
TEMPOVAL Specify 1-9-62	ASBURY METHODIST (LOCATION (City, town, or county) ORISFIELD (State)
23. FUNE OF SIGNATURE	ADDRESS DATE JAN 1	24b. REGISTRAR'S SIGNATURE 1 '62 Curthury S. Kraus

		CERTIFICA		
		BOUTHARD TO	27000	Samona
BOUND MIX SONY				
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man an exercise half and a set out of the	A A STATE			21. Contilly the
The military less sea that deale wanted about the deale wanted about	Mark through			AND STORE
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	Alf Coa of Tax	\$100 A	1-1/5-25	

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	death. Page 4 may be retained by the hospital or attending physician.	O FUN IL DIRECTOR: After this certificate has been signed by the attending physician and completely ed in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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100	DIVISION	OF STATISTICA	MAR'	YLAND ARCH AN	STATE ND RECOR	DEPA DS, 30	RTMENT (OF HEA		ORE 1, M	ARYL	AND	
1		01144		CEI	RTIFICA	TE C	OF DEAT	H			011	32	
7	PLACE OF DEATH	7443					SUAL RESIDEN	CE (Where d			dence be	fore edm	ission)
		ERSET			MARYLAND	e.	STATE MAR	YLANI	b. COUN	Sol	MER S	SET	
_	b. CITY OR TOWN (if write RURAL and	outside corporate limit	ls,	c. LENGTH	OF STAY IN 18	c.	CITY OR TOWN						F
	CRISE					X	CR. T	SFIEL	. П.				
	d. NAME OF HOSPITA	AL OR INSTITUTION (f not in hos	pitel, give stre	et eddress)	l d.	STREET ADDRESS		,		0.	IS RESID	
	EDW. W.	MCCREAL	Y ME	MO.H	OSP.		RFD	#1			Y	S N	
3.	NAME OF DECEASED	First			iddle		Last	4. DATE	Month		Dey	Yeer	
	(Type or print)	CAMI		R		BR	ITTON	DEATH	JANUAF	RY.	19		32
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER	MARRIED		OF BIRTH	5	last birthday)	Months Da		INDER 24	HRS.
-	MALE	WHITE	WIDOWE		VORCED 🔲			88	73 yrs.				
10 de	a. USUAL OCCUPATIO	ON (Give kind of work	d) 10b. KI	ND OF BUSIN	IESS OR INDUS	TRY 11.	BIRTHPLACE (Cour	nty & State, or	foreign country)	12. CITIZE		HAT COL	JNTRY?
	Truck Dri		Gas	& Fue	1 011		MARYLA			U	SA		
13	. FATHER'S NAME					14. M	OTHER'S MAIDEN						
		LLIAM BR					MOLL	IE Di					
	. WAS DECEASED EVER es, no, or unkown) (If)			SOCIAL SECL		INFOR	_		Address		M	4	
	Yes	WWI	The second second	6-05-3	107	LADI	S BRIT	TON,	URISE	FIELD		ARYI	
d		WAS CAUSED BY:	cause per li	1		er				22 131	ONSET	AND DEA	ATH
Н		MMEDIATE CAUSE (+)	/:	nuc	mon	ra	1				30	day	15-
3	7 43	DUE TO								100			
	Conditions, if eny, gave rise to immedie												-
	(e), stating the un												
	cause last.	SIGNIFICANT CONDI	TIONE CON	TRIBUTING T	O DEATH BUT	NOT BELA	TED TO THE TERM	INAL DISEASE	CONDITION CIV	ENI INI DADT 1/	-\ 10 V	TILA 2 A V	OPSY
OF N	PART II, OTHER	SIGNIFICANT CONDI	IIONS CON	IIKIBUTING TO	O DEATH BUT	NOT KELA	> 10 THE LEKWI	INAL DISEASE	CONDITION GIV	EN IN PART I		PERFORM	LEDY
ICA	Ne	me sa	reas	U,/	rigi	co	,	B- 41 - B- 4	II -6 % - 10 \		YES	☐ NC	
CERTIFICATION	20e. ACCIDENT WA	CAUSE OF DEATH	206. DES	CRIBE HOW I	NJURY OCCUR	ED. (Enter	nature of injury in	ram I or rem	il of irem ip.)				
	(IF EITHER, NOTIFY		1 204	INJURY OCCU	IDDED 20- E	ACE OF	INJURY (Home, far	- 1 204 /01	ly or town)	(County	4)	(St	ete)
MEDICAL	Hour e.m.	Month, Dey, Te	While	Not Whi	lef		et, office bldg., etc		ly or lown)	(Count	·	(3)	0107
ME	p.m.	19	at wor	k et worl	k 🔲 📗			1	1 10	00			
		at (I) (this hospi						554M		62 19			
-		ed alive on1.	1.9-6	19	, and th	at death	occured at	5 2 A 17	n the causes	and on the	date		
	22e. SIGNATURE	NON		0			TTENDING	MED.	STAFF			22b. [SIGNED
-	22c. PHYSICIAN'S	0190	w	tey.		******	HYS. X	DIRECTOR [PHYS.				
	NAME (Type)	CGR	ALTE TO	r, M.	D		CRISFI	תזה	MADVI	4 7/7 70			
	B. BURIAL, CREMATIC				OF CEMETER	Y OP CPS			ATION (City, to			(State)
23	REMOVAL (Specify)	Ja n. 21.					Cemetery		sfield.	264		(5.5)	
24	Burial FUNERAL DIRECTOR		1902	ADDR		24011	25a. RE	C'D BY REGIS	TRAR 25b. RE		SNATURE		
124		Bradshaw &	Sons			. blv	DATE	AN 25	62 u	relief S. 7			
		or addition of	DOM2	OT TOT	· conce		DAIL						

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ease r	13.	FAT
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ician. by the sermit.		18.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUL AL DIRECTOR: After this certificate has been signed by the attending physician and complete death and 2 the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		Cor gev (a),
IAN: tal or cate has the to buri	NOI	cau
PHYSIC the hospi this certifi d for use alth prior	MEDICAL CERTIFICATION	20e. OR
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Peos 4 Peos 4 Peos 4 Peos 4 Peos 4 Peos 4 Peos 3 Peos 3 Peos 3 Peos 4 Peos 5 Pe		22c.
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VR A15 (4)	24	FUN

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

V 07170	QUALITY OF				Tiot
I. PLACE OF DEATH	47	2. USUAL RESIDENC	E (Where daceesed	lived, If institution: Res	sidenca before admission)
e. COUNTY	- /	e. STATE	./	b. COUNTY	REKCET
JOME 1-SE	MARYLAND	1/10		Jori	TEIDEI
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporete li	mits, write RURAL end	live neerest town)
Cristield	35 4rs.	139 (1-19	5+15-101		
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS	11510		a. IS RESIDENCE
		PAL	2 4 1/1/1		ON A FARM?
		1.01 2	OX AL	7	YES NO M
3. NAME OF First	Middle	(Last	4. DATE OF	Month	Day Yeer
(Type or print) LEAN	5.	Krown	DEATH	Jan. 2	2/ 1962
5. SEX 6. COLOR OR RACE 7 MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	19. AGE	(In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.
E Marine	THE VER MARKIED	in 1/ -1	Oray lost!	Months Da	ys Hours Min.
	DIVORCED	HPT1/22,10	872 6	yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Count	y & State, or foreign	country) 12. CITIZ	EN OF WHAT COUNTRY
LAPOTET		Promoki	- md		U.S.
13. FATHER'S NAME	1 4 -	14. MOTHER'S MAIDEN	NAME	3.4	
6-20-07 1.71	- n/To	1	1,21 -	. 11	
GEORGE WA	15 FT 1 10 11	LEAD	WHEK	7110n	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give wer or detes of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	nul
	215-04-6533 1	INGIE D. L	Srown	1,0, Box 4	144
18. CAUSE OF DEATH [Enter only one cause p	per line for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	n D n	. 1	1	,	ONSET AND DEATH
IMMEDIATE CAUSE (e)	vectical.	Herros	when	1	5 de comp
DUE TO			V		/
Conditions, if eny which (b)					
geve rise to immediate cause					
(a), steting the underlying DUE TO					4593000
cause last. (c)					
Z PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE COND	ITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
E .					YES NO
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CHIEF CAUSE OF	DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in P	Pert I or Part II of ite	m 18.)	
OR CONTRIBUTING CAUSE OF DEATH					
S 20c. TIME OF INJURY Month, Dey, Year 20		ACE OF INJURY (Home, farm tory, street, office bldg., etc.)		wn) (Count	ry) (Stete)
	Vhile Not While 1ec	iory, andor, office brogr, cic.			
		1-7	10/2	2 2/ 10/	23 de 1 (1) (1 -2) les
21. I certify that (I) (this hospital) at			2. A	. ,	
saw the deceased alive on	19 G and that	t death occured at	M; from the	causes and on th	
22e. SIGNATURE	A 1	ATTENDING	AED. ST.	AFF A	22b. DATE SIGNED
ha I m.	Few ten			YS. The	.22 1947
22c. PHYSICIAN'S		22d. ADDRESS			
NAME (Type)	M. Po	1	1 10	001	Sha
Jarran	111, 1-6	714 N	- Cuj	ce-h-el	1114
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or county)	(Stete)
BURIA JAn. 28,62	Chanc	£	(hanc	E Med.	
24 FUNERAL DIRECTOR'S SIGNATURE	1 D GODRESS MO	25a. REC	D BY REGISTRAR	256. REGISTRAR'S SI	GNATURE
Authors & More Cres	we no	DATE SAL	N 2 6 162		1 -
U are the U		DAIL JA	W / U 'D/	C7-19 0 9 4	N .

The Late of the late Will Babin Back -George Lethonton Long technicalism 2000年21年 在194日 27日 日本山下 20 日本 1943

FOR STATE HEALTH DEPT.

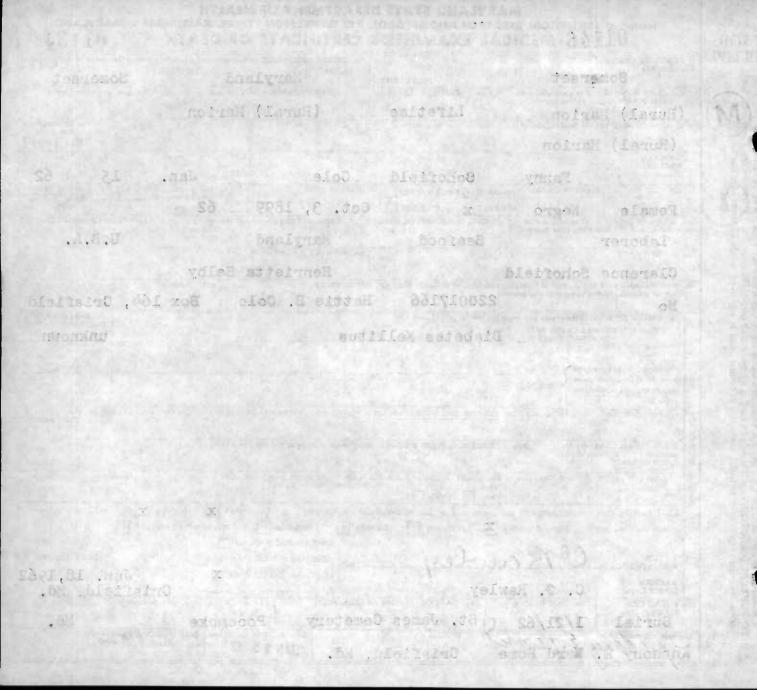
ord on Health, director. Page or your files. is necessary, DEPUTE, MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay ease expected within 24 hours after death. If any delay ease expected, writing the word "pending" in pending like in like 18. Give Pages 1, 2, and 3 to the further should we forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and permit the State Bpd if should be used as a burial-transit permit. File pages 1 and permit the State Bpd if should be used as a burial-transit permit. File pages 1 and permit the State Bpd if should be used as a burial-transit permit. File pages 1 and permit the State Bpd is designated agent, prior to burial, cremation, or removel, and in any event within 72 hours effer death. 5

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5M :	7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01146 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1)1134

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Whare decaesed li	ved, If institution: R	asidenca befora admission)			
Somerset	MARYLAND	a. STATE Maryland b. COUNTY Somerset						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outsida corporate limi	ts, write RURAL and	giva naarast town)			
(Rural) Marion	Lifetime	/ (Rura	1) Marion					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, giva street address)	d. STREET ADDRESS		and hard	a. IS RESIDENCE			
(Rural) Marion					YES NO			
3. NAME OF First DECEASED	Middla	Last	4. DATE OF	Month	Day Yaar			
(Typa or print) Fanny	Schofield	Cole	DEATH J	an.	15 19 62			
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B	. DATE OF BIRTH	9. AGE (II	n years IF UNDER 1				
Female Negro WIDOW	DIVORCED T	Oct. 3. 18		yrs. Months [Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR		//	12. CITI	ZEN OF WHAT COUNTRY?			
done during most of working life, even if retired) Laborer	Seafood	Maryla	nd		U.S.A.			
13. FATHER'S NAME	DCalou	14. MOTHER'S MAIDEN			0.17.24.			
Glasses Gabackala		Hannada	tta Calba					
Clarence Schofield 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NEORMANT HELLI'LE	tta Selby	Address				
(Yes, no, or unkown) (Ifyesgive war or detes of service)		Hattie B.		4.1	M-4-64-73			
210		nature b.	COTE D	ox 164,	Crisfield			
1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY:					ONSET AND DEATH			
IMMEDIATE CAUSE (a) D1	abetes Melli	tus			unknown			
DUE TO								
Conditions, if any, which (b)								
gava rise to immediate cause								
(a), stating the underlying cause last.					The state of the state of			
10)	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY			
OTA					PERFORMED? YES NO			
PART II. OTHER SIGNIFICANT CONDITIONS COL	RIBE HOW INJURY OCCURED. (E	intar natura of Injury in Pa	rt I or Part II of item 1B.)					
20c. TIME OF INJURY Month, Day, Year While Hour a.m. While he was to work the work of the	aNot Whila fect	CE OF INJURY (Home, far ory, street, office bldg., etc		(Cour	nly) (State)			
21. I certify that I took charge of the ren	nains described above, he	ld an Autopsy .	Inspection X	Inquiry X.	and in my opinion			
death resulted from: Natural causes	, Accident , Suic	ide . Homicide	, Undetermi	ned manner				
		CHIEF MEDICAL	EXAMINER [7]	A	E-10.00			
ACTUAL COR	. Da	A CCICT ANT MER	DICAL EXAMINER		DATE SIGNED			
SIGNATURE	oney	M.D.	AL EXAMINER X	Т-				
RAMINER'S C. G. Rawle		Addrass (Streat,	city, town, or county)	Crisfi				
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF		22d. LOCATION (Cir.	y, town, or country)	(Stata)			
Burial 1/21/62	St. James Co	emetery	Pocomoke		Md.			
23 FUNERAL DIRECTOR & 11 MAY	ADDRESS	24a. REG	C'D BY REGISTRAR 24	a REGISTRAR'S SU	GNATURE			
Anthony E. Ward Home	Crisfield	Md. DAIAN	2 2 '62	Decount D. 10				



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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											-
1. PLACE OF DEATH a. COUNTY	Somerset		MARYLAND	o. STATE	Maryle		lived. If institution b. COUNTY	ets.	erse		ion)
b. CITY OR TOWN RURAL and give	(If autside corporate lime rearest town) Crisfield	its, write	c. LENGTH OF STAY IN 16	1	TOWN (If o		ate limits, write RI	JRAL and	give nec	arest tawn)
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital,			d. STREET A		arylan	d Ave.				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fi EUN		Middle	EVANS	it	4. DATE OF DEATH	Januar Januar		26		Year 19 62
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRT	Н		9. AGE (In years	IF UNDER	1 YEAR		
Female	White	WIDOW		March 1	8. 186	57	last birthdoy) 94 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPA during most of w Housewi	arking life, even if retired)	KIND OF BUSINESS OR INDU			or foreign co	untry)	12. CIT	US.		OUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME					
Augustu	s Ward			V	W. La	awson					
(Yes, no, or unknown)	VER IN U. S. ARMED FOI (If yes, give war or dates of None			narles R.	Evans	3, 112	Marylan		isf	ield,	, Md.
Canditions, if gave rise to cause (a), statilying cause la	immediate ng the under-	0	erebral Th	Ante	Los	sel	ers	~~		ry	· a
PART II. (OTHER SIGNIFICANT CON	IDITIONS	contributing to DEATH BU	1 dean	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(o) 1	PERFO	RMED?
PART II. (PART III. (P	WAS UNDERLYING AND CAUSE OF DEATH (FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature o	of injury in F	Part I or Part	II of item 1B.)				
20c. TIME OF IN. Haur o. r	10	20d. I While of wor	Nat while fo	LACE OF INJURY octory, street, offic			or town)	(County)		(State
	hat (1) (this haspital		death accurre			he causes an			stated	abave.	
22c. PHYSICIAN'	Darsh 1	· ·	Perton	M.D. ATTENDIN PHYS.	DI DI	D. RECTOR	STAFF PHYS.	34			SIGNED
NAME (Type		Peyto	on, M. D.	33 W.		St.,	Crisfiel	d, Ma	ryl	and	
23a. BURIAL, CREMA REMOVAL (Spec	TION, 236. DATE THERE		23c. NAME OF CEMETERY C				ield, Ma		nd	(Stot	e)
24. FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS		250. REC'I	BY REGIST	RAR 2Sb. REGIS	STRAR'S SI	GNATU	RE	
Bradshaw	& Sons, Cri	sfiel	d, Maryland		DATE	FEB 5	'62	Chilling	8. 1	Trans	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 he funeral directar, de by the haspital ar attending physician.

FCTOR: After this certificate has been signed by the attending physician and completely filled in be detached for use as the burial-transit permit. Then please remove carban papers. Pages I am page 3 shower be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. may be retain TO FUNERAL VR A15 (4) 1SM 9/S9

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VR A1S (4) 1SM 7/61

DIVISION	OF STATISTICAL RE	ESEARCH AND RECOR	DS, 301 W. PREST	ON STREET, BALTIM	ORE 1, MAR	YLAND	
	01148	CERTIFICA	TE OF DEAT	Н	01	136	
1. PLACE OF DEAT	H			CE (Where daceased lived, If i		ca bafore an	dmission)
- Chi	DMERSET	MARYLAND	a. STATE MAD	YLAND b. COUN	SOMER	C Tr m	1
b. CITY OR TOWN	if outside corporete limits.	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write			n)
	d give nearest town)	0	V D.	Frencht	01100		
d. NAME OF HOSPI	RISFIELD TAL OR INSTITUTION (if not in	bospital give street address	d. STREET ADDRESS	BLEY (Frencht	OWIL	e. IS RES	SIDENCE
	01		Rural			ON A	A FARM?
DW. W.M.	First	ORIAL HOSP.	Lest	4. DATE Month	Day	YES	144
DECEASED			77	OF			
(Type or print)	SUSIE	J.	FRENCH	DEATH JANUAR		17-	
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	Hours	24 HRS.
FEMALE	WHITE WIDO	OWED DIVORCED	July 4, 1884	77 yrs.	Months Days	Hours	Mill.
IOa. USUAL OCCUPAT		b. KIND OF BUSINESS OR HIDUS		nty & State, or foreign country)	12. CITIZEN O	F WHAT C	OUNTRY?
Housewife	orking life, even if retired)	Own home	MARYL	AND	U	SA	
13. FATHER'S NAME		0111 1101110	14. MOTHER'S MAIDEN			~	-
TTTOMA	s Ford		Ella Parks				
	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17		Address			
(Yes, no, or unkown) (If yes give war or detes of service)				BLEY,	MADY	T 4 37
No	None		to. UNHULL	RENCH, HOH		MARY	
	DEATH [Enter only one cause	per line for (e), (b), end (c).)	1 d 2.4	. 0	OF	TERVAL BET'	DEATH
PARI I. DEA	TH WAS CAUSED BY:	cul line	Hear will	ue co-			
401	DUE TO	A	~ ~ C		. 1	11	
Conditions, if en	y, which (b) Cit	unice Just	replietes C	dure ney	VERLU	720	
gave rise to immed	DIJE TO					,	
(e), stating the cause last.	Inderlying DOE TO	sorrest 17 74	1		6	o dung	0
	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMI	NAL DISEASE CONDITION GIV	FN IN PART 1(a) I	19. WAS AL	UTOPSY
01	0.	7- A. B. a.	2			PERFO	Property.
PART II. OTHE	energy a	ereco de as	ros o,			YES	NO
20a. ACCIDENT W	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUP	.0 0	Pert I or Part II of item 18.)			
	MEDICAL EXAMINER	pu 18. 1462	· fall.				
20c. TIME OF INJU		20d. INJURY OCCURRED 20e. F	LACE OF INJURY (Home, farractory, street, office bldg., etc	n, 20f. (City or town)	(County)	((Stete)
Hour e.m.		While Not While f	A	'' [']			
		ttended the deceased from	Jan 18	19 6 30 1-24-	.62, 19, 1	that (1) (we) last
	1-23	-62 19 62 and the	1 10-14	· OF AM the spuses	and on the d	nto stated	l above
saw the decea	sed alive on	T.V.C. and Ir	ar dearn occured att	CMC WEDTH THE Causes	and on me de		DATE
220. SIGNATURE	1000	5 1	ATTENDING	MED. STAFF		1 10 1	SIGNED
100	to feet	menn	PHYS. 22d. ADDRESS	DIRECTOR PHYS.		1/64	102
22c. PHYSICIAN'S NAME (Type	1	Corres M	7	M			
	GEORGE C.	Coulbourn, M.		ION, MARYLA			
23a. BURIAL, CREMAT	ION, 236. DATE THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City, tov		(Ste	ete)
Burial	1/26/62	French Privat	e Cemetery	Frenchtown, M	aryland		- 74
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. REC	SISTRAR'S SIGNA	TURE	
Bradoha. 2	Comp. Criefiel	ld Manuland	DATE	JAN 2 9 '62	Wilma 8 #	-	

MARYLAND STATE DEPARTMENT OF HEALTH

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director. Page National Annual Annual

TO DEPUT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delease ex.

a the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fiburs after death.

VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1149 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

178 4 500

. PLACE OF DEATH									
a. COUNTY				2. USUAL RESIDENC		ceased lived, If b. COUN	JTV -		mission
So	merset		MARYLAND	Mary.	Land		Son	nerset	
	f outside corporate limits,	c. LEI	NGTH OF STAY IN 16	c. CITY OR TOWN (If	outsida corpo	orate limits, writ	e RURAL end g	ive nearest town)	
Princess	Anne			× Princess	Anne				
d. NAME OF HOSPIT	TAL OR INSTITUTION (if n	ot in hospital, gi	ve street address)	d. STREET ADDRESS		1000	TO PE	e. IS RESI	
				Beechwood				YES T	10 7
NAME OF DECEASED	First		Middle	Last	4. DATE	Mont	h I	Day Year	
(Type or print)	Charles	Jam		ibbons	DEATH	Janu			
S. SEX	6. COLOR OR RACE 7.	MARRIED N	EVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1 YE		
Male		WIDOWED 🛣		Oct.19,1876		85 уп.	Months Da		Min.
	ON (Give kind of work rking life, even if retired)	10b. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State o	r foreign cou	ntry)	12. CITIZE	N OF WHAT CO	UNTR
etired	iking me, even it remee)	Feed	Company	Maryland			U.	S.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME				
John E.	Gibbons			Hester	Gibb	ons			
	ER IN U.S. ARMED FORCE fyesgivewarordatesofserv		SECURITY NO. 17.	INFORMANT	Beec	hwo od	St.		
res, no, or unkown) (II	i yes give war or dates or serv		-8681 Tol	hn Gibbons.		cess A		12	
1 10 CHITCH OF D	EATH [Enter only one ca			ar drocons,		CODD A	11110	INTERVAL BETW	EENI
			COT MITOT A 11	Cal A DIDEGGE	(Died				ATH
Conditions, if any gave rise to immedi	ate cause	***************************************	COI Unally	eart Disease	(DICC				AIII
Conditions, if any	DUE TO (b)	Mod 00	oor mary in	eal (Disease	(DIGG				AIII
Conditions, if any gave rise to immedi (a), stating the uncause last.	DUE TO (b) ate cause nderlying DUE TO (c) R SIGNIFICANT CONDITION RUSE WAS DUE TO (2)	DNS CONTRIBUTI	ING TO DEATH BUT NO	OT RELATED TO THE TERMINA	AL DISEASE C	CONDITION GIV		PERFOR	TOPS MED?
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 01150 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Somerset Somerset Mary land b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lifetime Crisfield Crisfield d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS or Institution Columbia Ave. Columbia Ave. NAME OF DECEASED First Middle 4. DATE Month OF DEATH KELLY GOLDSBOROUGH ELLA (Type or print) January IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months White DIVORCED | 82 Female WIDOWED A yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. At Home housewife Chance, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Noah T. Kelly Roxanna Parks 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No John Goldsborough--Somerset Ave. -- Crisfield. Md. None 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) Doy, Year foctory, street, office bldg., etc.) Hour a.m While Not while of work of work

CERTIFICATION

(County)

PERFORMED? YES NO NO

(Stote)

(Stote)

e. IS RESIDENCE ON A FARM?

Day

Days

YES NO M

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1962

1953 to 1962 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from.____ 1962, and that death accurred at saw the deceased alive an____ M. fram the causes and on the date stated obave. 22a, SIGNATURE 10:50 P.M. 22b. DATE SIGNED ATTENDING MED. STAFF PHYS.

22c. PHYSICIAN'S

Buria

NAME (Type)

I.M. Ban, mo A. N. Barr. M.D.

Feb. 2.1962

22d. ADDRESS

Main St. - Crisfield. Md.

Crisfield, Md.

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, REMOVAL (Specify) Sunnyridge Cemetery

24. FUNERAL DIRECTOR'S SIGNATURE

Bradshaw & Sons--Crisfield, Md.

25a. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE FER 8

Cevilian & Thrus

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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	de	0	dir	2		
-	51 & death. Proof 4 may be retained by the hospital or attending physician.	A	5	(4)	(1
	15/	W	7/	61	Q	1

MARYLAND STATE I	DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01151 CERTIFICA	TE OF DEATH 01138
1. PLACE OF DEATH e. COUNTY SOMED SET b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) CB. TSFTELD 28 DAYS	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown) Crisfield
CRISFIELD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) E.W.McCready Memorial Hospital	d. STREET ADDRESS 9B N. 7th 1 S RESIDENCE ON A FARM? YES \(\) NO
3. NAME OF First Middle DECEASED (Type or print) CLIFTON	GREEN 4. DATE Month Day Yaer OF DEATH JANUARY 16 19 62
5. SEX 6. COLOR OR RACE NEGRO WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	B. DATE OF BIRTH 9. AGE (In years lest birthday) 7-20-1907 9. AGE (In years lest birthday) 54 yrs. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min. Min. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER SNAME OD OR KER	Crisfield(somerset)MD. U.S.
JOHN GREEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyes giva war or detes of service)	TEENY JOYNER INFORMANT CRISFIELD BEULAH JONES SISTER HOPTWON RD M
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate causa (a), stating the underlying cause last. (c)	ocelus 28 dorys
	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Entar neture of injury in Part I or Pert II of itam 18.)
	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
saw the deceased alive onJ.A.N1.6196.2, and the 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) C.G.RAWLEY, M.D.	ATTENDING MED. ATTENDING MED. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR MARYLAND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL Specify 21Jan, 62 Asbury	Crisfield MD.
24 FUNEFAL DIRECTOR'S SIGNATURE 1128. 4th ADDRESS. CRISFIELD MD.	DATE AN 2 2 '62 Chillian S. History

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VS A15 (4) 15M 10/57

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	the same amen at the	A COLOR OF THE STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 01154 Reg. Dist. No. with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) be filed b. COUNTY Maryland Somerset MARYLAND Somerset haurs after death. b. CITY OR TOWN (If outside carporole limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
ral Crisfield 20 Rural Rural Crisfield d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Asbury Ave. YES NO TO - 5 NAME OF Middle Month Year DECEASED Layton (Type or print) Powell. DEATH January 19 62 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Manths DIVORCED [male white WIDOWED | 100. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death Utility Delaware U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Littleton Powell June Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md-Edna Powell, Asbury Ave, Crisfield. Mrs. 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, whigh gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING 208. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port t ar Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Doy, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) o. m. Not while at work at work p. m. 11 1962 That I last saw the deceased 21. I certify that I attended the deceased from... and that death occurred at 3 75 M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL CRISFIELD the registrar PHYSICIAN'S NAME (Type)

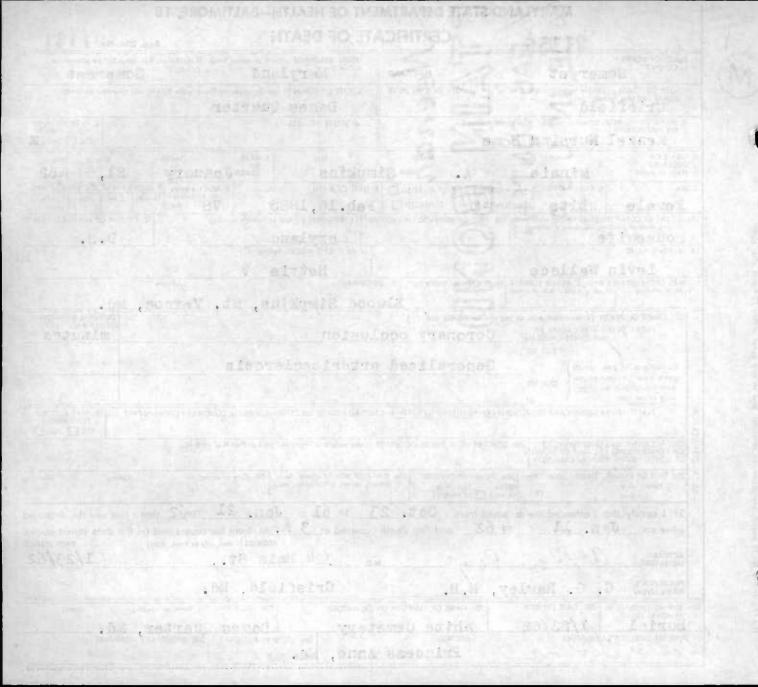
TO FUNER page VS A15 (4) 1SM 10/57

22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Jan. 14. 1962 Sunnyridge Hopewell Maryland FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Crisfield, Md.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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	0115		CERT	IFICA	TE OF DEAT	Н		Reg. Dist	. Nd. 1	141
o. COUNTY	omerset		MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE Maryl	here decease	d lived. If institution b. COUNTY	_	before on	
b. CITY OR TOWN RURAL ond give Crist	(If outside corporate lim neorest town) 1 eld	ts, write c	LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (IF	Quart		URAL ond giv	ve nearest	town)
OR INSTITUTION	ITAL (If not in hospitol, o		dress)		d. STREET ADDRESS				0	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	Minnie	st	A.		mpkins	4. DATE OF DEATH	January		Day	Year 19 62
5. SEX Female	6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH	273	9. AGE (tn years lost birthdoy) 78 yrs.			JNDER 24 HRS. Durs Min.
10a. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b. Kit			TRY 11. BIRTHPLACE (Store	e or foreign c		12. CITIZ	U.S.	HAT COUNTR
3. FATHER'S NAME					14. MOTHER'S MAIDEN				0.5	•
	n Wallace		CIAL SECURITY NO		Hetti	e ?	Addi			
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, Co	for (o), (b), ond (c)).]	ood Simpki Lusion	ns, M	lt. Vern	ion, l	INTERVA ONSET	L BETWEEN AND DEATH
Conditions, if gove rise to couse (o), sloting lying couse lost	ony, which the immediate of the under-	Ge			arterioscl			EN IN PART	1(a) 19. W	/AS AUTOPSY
PART II. O' 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	AS UNDERLYING [] G [] CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY (OCCURRED	. (Enter noture of injury in	Port I or Por	t II of item 18.)			ERFORMED?
20c. TIME OF INJU	Y MEDICAL EXAMINER) RY Month, Day, Ye	ar 20d. INJL While of work	URY OCCURRED Not while of work	20e. PLA foct	CE OF INJURY (Home, for ory, street, office bldg., et	rm. 20f. (City	or town)	(Co	ounty)	(Stote)
21. I certify t	hat I attended the Jan. 11 CORC C. G. Raw	., 19 <u>67</u>			3 19 61 to occurred at 3 A A A Crisf	ADDRESS (S	treet, city or town,	ind an the	ast saw to date s	the decease stated abov DATE SIGNE /23/62
220. BURIAL, CREMATION REMOVAL (Specify Burial	1/23/6	OF 2	White		CREMATORY tery	22d. LOCA	TION (City, town, c	er.	Ad.	(State)
FUNERAL DIRECTO	SIGNATURE JUNIONA		Princ	ess .	112.00	IAN 25		other L.		



The law requires that the death certificate be executed within 24 hours after

the hospital or attending physician.

	DIVISION	04400	L RESEA	CERTI	FICAT	E OF D	EATH	_	T, BALTIM	ORE 1,	MAR	YLANI	A CO
-		01156									- 1	11.	*4
1.	PLACE OF DEATI	H					ESIDENC	E (Where de	oceased lived, If		Resident	ce before	e dm issio
	Soi	MERSET		MAR	YLAND	a. STATE	MARI	LAND	b. COUN	So	MER	SET	
		if outside corporate limits	,	c. LENGTH OF ST	AY IN 1b	c. CITY OF	TOWN (If	outside corp	orate limits, write	RURAL e	nd give r	neerest tov	wn)
		d give nearest town) $ISFIELD$		74	YRS.	29	CDTS	SFIEL	n				
		TAL OR INSTITUTION (IT	not in hosp			d. STREET		OFIEL	i D			l a IS D	ESIDENC
				7.0	OSP.	1 d. sikeer	MAI	IN SI	REET				A FARM
3.	NAME OF	First		Middle		Lasi		4. DATE	Month		Day	Yee	r
	(Type or print)	LENG	RA	Sterli	ng	TAWE	ES	OF DEATH	JANUA	ARY	16	19	62
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED B.	DATE OF BIRT	Н	9		IF UNDER	1 YEAR	IF UNDER	24 HRS
1	FEMALE	WHITE	WIDOWED			pt. 16,	1887	7	74 yrs.	Months	Deys	Hours	Min.
0	e. USUAL OCCUPAT one during most of wo Housewife	ION (Give kind of work orking life, even if retired)	nd of Business on home	R INDUSTRY	71.6	RYLA		foreign country)	12. CI	US	F WHAT O	COUNTR
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	ISAAC	STERLING			1000	Dol	LIE	STER	LING				
		ER IN U.S. ARMED FORCE typesgive were ordates of see None		None		FORMANT	AWES	J_R	Address CF	RISF	IEL	D, .	M_D .
	18. CAUSE OF I	EATH Enter only one	ause per lin	ne for (e), (b), end	(c).]							ERVAL BET	TWEEN
		H WAS CAUSED BY:	V.	1							ON	SET AND	DEATH
	1111	IMMEDIATE CAUSE (+)_		neus	non	u a						104	181
1	Conditions, if en	DUE TO	1	Ulmon	ares	Em	boot	lus				184	Ens
	gave rise to immed	iate cause		6									
	(a), stating the u	Inderlying DUE TO		4 41	2.6.	o sel	2					401	2 10 /
	cause last.) (c)_	10	2×11 6	ucce	o see	2105	15 -				per	
8	PART II. OTHE	R SIGNIFICANT CONDIT	ONS CONT	RIBUTING TO DEA	TH BUT NOT	RELATED TO T	HE TERMINA	AL DISEASE	CONDITION GIV	EN IN PAR	RT 1(e) 1	9. WAS A	AUTOPSY DRMED?
F		Warie .	Po-	im	4:0.	0. +			1 ana		1	ES T	NO F
200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW/INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Day, Year	20d. It While at work	Not While et work		E OF INJURY (I			y or lown)	(Co	ounty)		(State)
	21. I certify t	hat (I) (this hospite	attend	ed the decease	ed from.		1	25210	1-16-0	52 . 19) . th	hat (I) ((we) la

ATTENDING PHYS.

STAFF PHYS. DIRECTOR

22b. DATE

22c. PHYSICIAN'S NAME (Type)

22e. SIGNATURE

Lawles G. RAWLEY. M.D.

DATE THEREOF

Jan 18, 1962

22d. ADDRESS

CRISFIELD, MARYLAND

23d. LOCATION (City, town or county)

Crisfield, Maryland

(Stete)

24 FUNERAL DIRECTOR'S SIGNATURE

23e. BURIAL, CREMATION, 23b. REMOVAL (Specify)

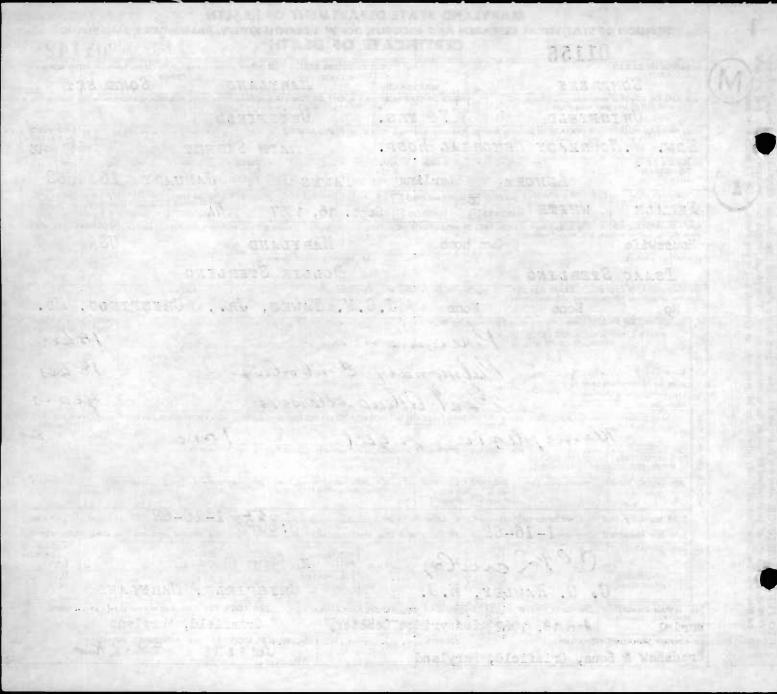
23c. NAME OF CEMETERY OR CREMATORY

Sunnyridge Cemetery

256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Bradshaw & Sons, Crisfield, Maryland

TO HOSPITAL director, p VR A15 (4)



VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01157 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01143

1. PLACE OF DEATH a. COUNTY				estitution: Residence before admission)
Somerset	MARYLAND	a. STATE Mary	land b. COUNT	Wicomico V
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outsida corporate limits, write	RURAL and giva nearest town)
Crisfield	None	Hebron	(Rural)	22 X.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
Edw. W. McCready Mem	o. Hall Hwy.	Rt. 1		YES NO
3. NAME OF First DECEASED	Middle		DATE Month	Day Year
(Type or print) JAMES	ALFRED I	INGLE	DEATH Jan	9 19 62
5. SEX 6. COLOR OR RACE 7. MARRI		. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOW		Aug. 9. 191	5 Le yrs.	Months Days Hours Min.
	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foraign country)	12. CITIZEN OF WHAT COUNTRY?
	rucking	Delawar	e	U.S.A.
13. FATHER'S NAME	, at the date of the day	14. MOTHER'S MAIDEN NA		
Arlie Tingle		Mary LeGa	tec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANITES DO	ris Tino Tides	(Wife)Cove St isfield, Md.
(Yes, no, or unkown) (If yes giva war or dates of service)	35184851 Mc	Cready Hosp	./ Cr	isfield. Md.
18. CAUSE OF DEATH [Enter only one cause per			-	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sel	f-inflicted	bullet woun	d. head.	onset and death
DUE TO			, , , , , , , , , , , , , , , , , , , ,	
Conditions, if any, which (b)				
gave risa to immadiata cause				
(a), stating the underlying Couse last. (c)				
	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
ATIC				PERFORMED? YES Y NO
	RIBE HOW INJURY OCCURED. (I	inter natura of injury in Part I	or Part II of item 18.)	<u> </u>
PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	t self with	revolvers	nicide.	
3 20c. TIME OF INJURY Month, Dey, Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, !		(County) (State)
20c. TIME OF INJURY Month, Dey, Year 20d. While P.m. Jan. 8 1962 of wor	e Not While St	ory, street, office bldg., etc.)	Crisfield	Somerset Md.
21. I certify that I took charge of the rer				
death resulted from: Natural causes	. —	ide 🔀 Homicide	-	
		CHIEF MEDICAL EXA		
ACTUAL CSR CU	ules	M.D. ASSISTANT MEDICA	AL EXAMINER	DATE SIGNED
		M.D. DEPUTY MEDICAL E		1/9/62
EXAMINER'S C. G. Rawley	. M.D.		Car.	isfield. Md.
22a. 8URIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY 22	2d. LOCATION (City, town,	or country) (Slata)
Burial Jan. 12,1962	Presbyterian	Cemetery	Princess Anne,	, Maryland
23. FUNERAL DIRECTOR	ADDRESS		8Y REGISTRAR 246. REGIS	STRAR'S SIGNATURE
Holloway & Co Sali	isbury, Marylan	d DATE JA	IN 15 '62	Tothing & Krane
				I Though

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FUNERAL FUNERAL

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VR A15 (4)

15M 9/59

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		BARTINIONE I, INANTERIES	
IFICATE	OF DE	ATH	

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND Somerset Maryland Somerset b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Crisileld Crisfield Lifetime d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION Jacksonville Section ON A FARM? Jacksonville Section YES NO X NAME OF First Middle 4. DATE Yeor Month HERBERT LEE TIJI.I. 1962 DEATH January 21. (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) White DIVORCED T Male WIDOWED | 10o. USUAL OCCUPATION (Give kind of work dane during most af warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Seafood Packing Crisfield, Md. U.S.A. Proprietor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Tull Susan Favne 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Rev. W. Edwin Tull--Milford, Delaware No 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) gave rise to immediate DUE TO cause (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while ot work at work D. m. 21. I certify that (1) (this haspital) attended the deceased fram. 1200 1941, ta lace 21, 1942 that (1) (we) last and that death accurred at M. from the causes and an the date stated above. saw the deceased alive an 12-22a. SIGNATURE MED. SIGNED STAFF PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Sarah M. Pevton. M. D. Crisfield. Md. Main St. 23b. DATE THEREOF 23a, BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Crisfield. Md. Sunnyridge Cemetery Burial 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE Bradshaw & Sons--Crisfield, Md. JAN 2 9 '62 7 Thur & Krades



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FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed within 24 hours after death. If any delay is necessary, a should be retailed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

UI	159 MEDIC	AL EXAMINER'S	CERTIFICA	TE OF DEATH	-0	11/15	
1. PLACE OF DEATH				NCE (Where deceesed lived, If i		lence before	dmission
Somerset		MARYLAND	e. STATE Mar	yland b. coun	Som Som	erset	
	outside corporete limits, give neerest town)	c. LENGTH OF STAY IN 16		(If outside corporete limits, write	RURAL end giv	ve nearest tow	vn)
(Rural) M		Lifetime	(Rural)	Marion			
d. NAME OF HOSPITA	AL OR INSTITUTION (if not I	n hospitel, give street eddress)	d. STREET ADDRESS	5			ESIDENCE
(Rural)	Marion					YES [NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Month	D	ey Yee	r
(Type or print)	Alonzo	Summer	Waters	DEATH Jan	. 28	19	62
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers lest birthdey)	Months Day		24 HRS.
Male	المستحدث المستحدات	OWED DIVORCED	Feb. 14,	1875 86 yrs.	Monnis Day.	s Hours	Min.
10e. USUAL OCCUPATION done during most of work	king life, even if retired)	b. KIND OF BUSINESS OR INDUSTR		e or foreign country)		OF WHAT C	OUNTRY
Laborer	M	eat Plant	Maryla		U.S	.A.	13.4
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
	esley Water			opper			
(Yes, no, or unkown) (If	R IN U.S. ARMED FORCES? yesgivewerordetesofservice)		NFORMANT	Address	- 79319		
No			aggie Water	rs (Wife) Ma	arion,	Mary.	
	EATH [Enfer only one cause I WAS CAUSED BY:	per line for (e), (b), end (c).]				ONSET AND	
	MMEDIATE CAUSE (6)	Coronary t	chrombosis			instal	
4	DUE TO					aneou	8
Conditions, if any,	(10)						
(e), steting the un	DIJE TO						
cause last.) (c)	CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERM	INAL DISEASE CONDITION CIV	ENLINI DA DT 1/-1	11 10 WAS A	LITORCY
PART II. OTHER 20e. EXTERNAL CA PRIMARY Or COT CAUSE OF DEATH.	SIGNIFICANT CONDITIONS	CONTRIBOTING TO DEATH BOT NO	T REALED TO THE TERM	MARE DISEASE CONDITION GIV	EN IN PART I(8)	PERFO	PRMED?
20e. EXTERNAL CA	HISE WAS 1 206 D	ESCRIBE HOW INJURY OCCURED. (F	Enter nature of injury to De	and I ar Part II of itam 19)		YES	но 🗶
PRIMARY OF CON		ESCRIBE NOW INJOK! OCCORD. (I	the heldle of hijdry in re	stit of real it of neith to.)			
	Y Month, Dey, Year 2	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	rm, ' 20f. (City or town)	(County)		(Stete)
20c. TIME OF INJUR		WhileNot While fect	ory, street, office bldg., et		(cosmy)		(21010)
Pinit	.,	t work et work	/ / A.	1		1.	1 .
		remains described above, he		Inspection Inquir	Mary .	nd in my o	Pinion
death resulted fr	om: Natural causes	X, Accident , Suic		_	anner		
ACTUAL	1242	.0.		EXAMINER		DATE SIG	ALED
SIGNATURE	cria	way	M.D.	DICAL EXAMINER	1/	30/62	MED
EXAMINER'S NAME (Type)	C. G. Rawle	y. M.D.		199	Crisf		Ma
22e. 8URIAL, CREMATION		22c. NAME OF CEMETERY OF		city, Iown, or county) 22d. LOCATION (City, Iown,		(Stef	
Burial (Specify)	Feb.1.1962	Unionville (Semeterv	Pocomoke		Md.	
23. FUNERAL DIRECTOR		ADDRESS	24e. RE	C'D 8Y REGISTRAR 24b. REGI	STRAR'S SIGNA		
Wharton &	Savage	New Church,	Va.	FEB 5 '62	arthur &	Theres	

DATE

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DIAI2	ON OF STATISTICAL RESEARCH AND RECO	CD2 - DALIIM
1150	CERTIFICATE OF	DEATH
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01146

1. PLACE OF DEATH a. COUNTY SOME RSET	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland South Set
b. CITY OR TOWN (If outside corporate limits, we	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
RURAL ond give nearest town).	Life	Fairmount MD. X
d. NAME OF HOSPITAL (If nat in hospital, give st OR INSTITUTION	treet address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Upper Hill		Upper Hill YES □ NO ■
3. NAME OF First DECEASED (Type or print) I 018	Middle Gertrude	Waters 4. DATE Manth Day Yeor DEATH Tan 1 1963
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
F Negro with	OWED DIVORCED	DIC. 24 1893 (8 yrs. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Laborer	Seafood	Upper Hill Fairmount US
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Wilmore Boggs	No. of Contract of	Eliza Maddox
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		Address Annie E. Bell Marion Station M.O.
18. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).]	Preumenia interval setween onset and death
Canditions, if any, which gove rise to immediate couse (a), stating the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS'S PERFORMED? YES NO SE
		ED. (Enter nature of injury in Part I ar Part II of item 18.)
Hour a.m.		LACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State octory, street, office bldg., etc.)
21. I certify that (I) (this haspital) at saw the deceased alive on 22a. SIGNATURE		death occurred at 103 M, from the causes and an the date stated above
Ellos 9.10 and	o son a so	M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNE
NAME (Type) Dr. E. G.	Marksman	Princess Anne, ma.
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) Jan. 4	961 Centenial	OR CREMATORY 23d. LOCATION (City, town, or county) (State) Fairmount ND
24 ELANERAL DIRECTOR'S SIGNATURE	Graffeed All	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		The state of the s

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VS A15 (4) 15M 9/55

01161 CERTIFICATE OF DEATH

Reg. Dist. No. 111147

1.	PLACE OF DEATH	h ·		MARYL		USUAL RESIDER	-	eased live	b. COUNTY	on: Reside	nce befor	re admiss	ion)
	b. CITY OR TOWN RURAL ond give r	(If outside corporate limi	ls, write	c. LENGTH OF STAY		T)	WN (If outside of		limits, write R	URAL ond	give nea	rest town)
	OP INSTITUTION	Nursing H			1	d. STREET ADD							IDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Fir Major	st	Middle L	Whit	Last	4. DA	ATH	Mon	th	Do 2		Year 19 62
5.	sex Male	6. COLOR OR RACE	7. MARR	NEVER MARRIE	8. D	ATE OF BIRTH	32	9. A	GE (In years ost birthday) yrs.	IF UNDER	Doys		R 24 HRS. Min.
	during most of wo	ON (Give kind of work or rking life, even if retired		KIND OF BUSINESS OR	ved	Meryl	and	ign countr		12. CI	TIZEN O	F WHAT	COUNTRY
	George W	' Mito			1	4. MOTHER'S M.		^					
15	WAS DECEASEDEY	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO		G.Whit	8	Add	ess			
(Y	is, no, or unknown)	(If yes, give war or dates of s	ervice)		Geo	rge W.	White	II.I	Dames	~uar	ter	. Md	
		the under-	Ge	erebral ti					hemip	Legia	ONS	Yrs	DEATH PS.
CERTIFICATION		THER SIGNIFICANT CON TAS UNDERLYING G G CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY OC						EN IN PAI	RT 1(o) 1'	PERFO	AUTOPSY RMED?
MEDICAL C	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	20d. If While of wor	Not while	20e. PLACE foctory	OF INJURY (Hoo, street, office b	me, form, 20f.	(City or t	own)		(County)		(Stote)
	actual signature PHYSICIAN'S NAME (Typo)	0. G. R	_, 19 awle	Coy	death ac	324 M	: 30PM,	fram th	city or town,	nd an t		e state	
22	REMOVAL (Specify) , ,		22c. NAME OF CEME		REMATORY	-		(City, town, o	-	,	(Stote	•
23	FUNERAL DIRECTOR		52	Macedoni ADDRESS	<i>E</i>	2	4a. REC'D BY RE	10	24b. REGIS			M-1	d
T.	illiam H	I.James Jr	.Pr	incess An	ne,Md		ATE JAN O						

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